U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OF TO A EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Spawn List

under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as p Reset Font Renumber Pages Reset Zip Fields READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. Roset ReadOnly 1, File Number U 2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name Yale Summers Name Screen Actors Guild Labor Organization File Number 000-113 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 9490 Cherokee Lane Street 5757 Wilshire Boulevard City Beverly Hills City Los Angeles ZIP Code + 4 90210-1704 State California State California ZIP Code + 4 90036-3600 5. Position in labor organization. Member, Hollywood Board of Directors Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name, if any). 0 Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City 0 State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) 08/04/2005 310-274-4073 Signed Clear Signalura Date Telephone Number

Name of Person Filing Yale Summers		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Time Inc.  Trade Name, if any: PeopleMagazine  P.O. Box, Bldg., Room No., if any  Street 1271 Avenue of the Americas	a. Labor Organization b. Trust c. Employer	
City New York  State New York ZIP Code + 4 10020-1393		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  People Magazine is a publication which seeks advertising from multiple entertainment employers and which contracts with SAG to co-host a gala following each SAG Awards Show.Dollar value of dealings not reasonably ascertainable.	
Name see section 11.a  Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	44 + 4	
City	11.b. Approximate dollar valu	
State   ZIP Code + 4	Gift bag at S.A.G. sponsor People Maga plus attendees cont beauty product samy	Awards from after-show Gala co- azine to my spouse and all 1,100 tained magazines, booklets, women's ples and other small items of low e not reasonably ascertainable.
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State State		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	0